

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - PEDIATRIC SERVICES

99282	Emergency department visit for the evaluation and management of a patient which requires these three key components: an expanded problem focused history; an expanded problem focused examination; and medical decision making of low complexity.	24.15
99283	Emergency department visit for the evaluation and management of a patient which requires these three key components: an expanded problem focused history; an expanded problem focused examination; and medical decision making of low to moderate complexity.	32.43
99284	Emergency department visit for the evaluation and management of a patient which requires these three key components: a detailed history; a detailed examination; and medical decision making of moderate complexity.	56.93
99285	Emergency department visit for the evaluation and management of a patient which requires these three key components within the constraints imposed by the urgency of the patient's clinical condition and mental status; a comprehensive history; a comprehensive examination; and medical decision making of high complexity.	89.15
90701	Immunization, active; Diphtheria, Tetanus Toxoids and Pertussis (DPT)	16.00

STATE	OK	A
DATE RECEIVED	1-28-98	
DATE APPROVED	2-13-98	
DATE EFFECTIVE	7-1-96	
HCFA 179	98-02	

Revised 07-01-96

TN# 98-02 Approval 2-13-98 Effective Date 7-1-96
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90702	Diphtheria and Tetanus Toxoids (DT)	5.00
90703	Tetanus Toxoid	7.50
90704	Mumps virus vaccine, Live	16.90
90705	Measles virus vaccine, Live Attenuated	16.90
90706	Rubella virus vaccine, Live	16.90
90707	Measles, Mumps and Rubella virus vaccine, Live	32.00
90708	Measles & Rubella virus vaccine, Live	21.40
90709	Rubella and Mumps virus vaccine, Live	26.90
90712	Poliovirus vaccine, Live, Oral (any type(s))	14.00
90713	Poliomyelitis vaccine	18.48
90714	Typhoid vaccine	5.00
90716	Varicella vaccine	75.00
90717	Yellow Fever vaccine	39.22
90718	Tetanus & Diphtheria Toxoids absorbed, for adult use (Td)	7.50
90719	Diphtheria Toxoid	7.50
90724	Influenza virus vaccine	7.50
90725	Cholera vaccine	9.70
90726	Rabies vaccine	124.75

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90727	Plague vaccine	Cost plus \$2.10 Admin.
90728	BCG vaccine	152.15
90744	Hepatitis B vaccine (N.B. to 11 yrs)	42.00
90745	Hepatitis B vaccine (11-19 yrs)	42.00
90746	Hepatitis B vaccine (20 yrs & above)	48.00
90732	Pneumococcal vaccine, Polyvalent	17.85
90733	Meningococcal polysaccharide vaccine (any group(s))	10.00
90737	Hemophilus influenza B	17.90
90741	Immunization, passive; immune serum globulin, human (ISG)	17.50
90742	Specific hyperimmune serum globulin (eg, hepatitis B, measles, pertussis, rabies, Rho(D), tetanus, vaccinia, Varicella-zoster)	501.86
90749	Unlisted immunization procedure (based on medical review)	Cost plus \$2.10 Admin...
99205	Same as W3011	Rate 64.19
99215	Same as W3011	Rate 50.89
99432	Newborn Care, in other than Hospital setting, including physical examin- ation of baby and conference(s) with parent(s)	25.00

W3003	OK	Administration of Injections (other than chemotherapy)	2.10
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REC'D	1-28-98	W3011	2-13-98	EPST, Child Health Screening	68.20
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APP'D	7-1-96
9	98-02

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W3075	EPSDT, Child Health Screening	50.00
W3076	EPSDT, Dental Screening	35.00
W3077	EPSDT, Child Health Encounter	35.00
W3078	EPSDT, Dental Encounter	35.00
W3095	EPSDT, Child Health Diagnostic Encounter	125.00
W3080	EPSDT, Child Guidance Treatment Encounter (Individual) 30 min.	35.00
W3081	EPSDT, Child Guidance Treatment Encounter (Group) 30 min.	15.00
W3082	EPSDT, Immunization	25.00
W3094	EPSDT, Multidisciplinary Review	50.00
W4590	EPSDT, Partial Screening	25.00
W4830	Immunization Administration	13.33

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METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - PEDIATRIC SERVICES

Procedures Not Covered

Procedure
Code

94772	Not Covered
99381	Not Covered
99382	Not Covered
99383	Not Covered
99384	Not Covered
99391	Not Covered
99392	Not Covered
99393	Not Covered
99394	Not Covered

STATE <u>OK</u>	A
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Revised 07-01-96

TN# <u>98-02</u>	Approval <u>2-13-98</u>	Effective Date <u>7-1-96</u>
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**Maximum Medicaid Payment Rates for
Listed Maternity Care and Delivery Services**

<u>Procedure Code</u>	<u>Procedure Description</u>	<u>Maximum Payment</u>
59000	Amniocentesis, any method	53.33
59120	Surgical Treatment of Ectopic Pregnancy; tubal or ovarian requiring salpingectomy and/or oophorectomy, abdominal or vaginal approach	363.09
59121	tubal or ovarian without salpingectomy and/or oophorectomy	299.58
59130	Abdominal Pregnancy	329.11
59135	interstitial, uterine pregnancy requiring total hysterectomy	371.18
59136	interstitial, uterine pregnancy with partial resection of uterus	363.58
59140	cervical, with evacuation	228.59
59150	Laparoscopic treatment of ectopic pregnancy, without salpingectomy and/or oophorectomy	264.74
59151	Laparoscopic treatment of ectopic pregnancy, with salpingectomy and/or oophorectomy	372.18

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59160	Curettage, postpartum (separate procedure)	135.48
59300	Episiotomy or Vaginal repair, by other than attending physician	80.45
59320	Cerclage of cervix, during pregnancy; vaginal	103.58
59325	Cerclage of cervix, during pregnancy; abdominal	164.65
59350	Hysterorrhaphy of ruptured uterus	206.93
59400	Routine obstetric care including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps) and postpartum care	1,000.00
59410	Vaginal Delivery only (with or without episiotomy and/or forceps) including postpartum care	700.00
59412	External Cephalic Version, with or without tocolysis (list in addition to code(s) for delivery)	35.00
59414	Delivery of Placenta (Separate Procedure)	262.50
59420	Antepartum Care only (separate procedure)	150.00
59430	Postpartum care only (separate procedure)	40.00

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HCFA 174	<u>98-02</u>	

Revised 07-01-96

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59510	Routine obstetric care including antepartum care, cesarean delivery, and postpartum care	1,100.00
59514	Cesarean delivery only	650.00
59515	Cesarean delivery only including postpartum care	800.00
59525	Subtotal or total hysterectomy after cesarean delivery (list in addition to 59510 or 59515)	650.00
59820	Treatment of missed abortion, completed surgically; first trimester	192.29
59821	Treatment of missed abortion, completed surgically; second trimester	159.05
59830	Treatment of septic abortion, completed surgically	148.25
76805	Echography, Pregnant Uterus, B-Scan and/or real time with image documentation; complete (complete fetal and maternal evaluation)	92.70
88235	Tissue culture for chromosome analysis; amniotic fluid or chorionic villus cells	217.72
88245	Chromosome analysis for breakage syndromes; score 25 cells (SCE study), count 5 cells, 1 karyotype, with banding (eg, Bloom syndrome)	220.10

88248	Chromosome analysis for breakage syndromes; score 100 cells, count 20 cells, 2 karyotypes, with banding (eg, ataxia telangiectasia, Fanconi anemia)	223.82
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88250	Chromosome analysis for fragile X associated with fragile X-linked mental retardation; score 100 cells, count 20 cells, 2 karyotypes, with banding	237.53
88260	Chromosome analysis; count 5 cells, screening, with banding	165.07
88261	Chromosome analysis; count 5 cells, 1 karyotype, with banding	261.32
88262	Chromosome analysis; count 15-20 cells, 2 karyotypes, with banding	183.25
88263	Chromosome analysis; count 45 cells for mosaicism, 2 karyotypes, with banding	222.89
88267	Chromosome analysis; amniotic fluid or chorionic villus, count 15 cells, 1 karyotype, with banding	265.81
88269	Chromosome analysis, in situ for amniotic fluid cells, count cells from 6-12 colonies, 1 karyotype, with banding	245.96
88280	Chromosome analysis, additional karyotypes, each study	37.12
88283	Chromosome analysis, additional specialized banding technique (eg, NOR, C-banding)	101.41
88285	Chromosome analysis, additional cells counted, each study	28.09
88289	Chromosome analysis, additional high resolution study	40.06

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W4000	Initial Maternity Clinic Exam/Lab	155.00
W4001	Maternity clinic encounter	25.00
W4002	36th Week physical examination	40.00
W4653	Risk Assessment	33.83
W4654	Nutritional Assessment/Counseling	32.47
W4655	Health Education	32.47
W4656	Psychosocial Assessment/Counseling	32.47
W4657	Genetics Assessment/Counseling	32.47
W4658	Pregnancy Test	10.00
J2790	Injection, RhoGAM, Rho D immune globulin	65.00

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HCEA #	<u>98-02</u>	

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